and 0.09:1 for uncircumcised men, while Table 4 (Cohort analysis—new STD) reveals 0.07:1 for circumcised men and 0.11:1 for uncircumcised men.

While the foregoing is obviously a very limited statistical analysis and other factors may play a part, it is nevertheless fascinating to see the consistently lower syphilis:gonorrhoea ratio in circumcised men, indicating a potential protective effect by circumcision against syphilis far more so than against gonorrhoea. Secondly, the syphilis:gonorrhoea ratio would appear to have decreased dramatically over time, which raises a question: *if* circumcision is more effective against syphilis than it is against gonorrhoea *and* considering the popularity of neonatal circumcision in the United States over many decades, would we not expect—ceteris paribus—to see in time a general decrease in the United States of syphilis in both relative and absolute terms?

I would encourage Diseker and colleagues to follow up their interesting study with further research on a larger scale into the relation between circumcision and STDs in order to establish more precisely the degree of protection, if any, afforded by circumcision as a prophylactic health measure.

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Hepatitis B and C seroprevalence in Novosibirsk, western Siberia

EDITOR,—Chronic liver disease represents one of the major public health problems in Western countries. Hepatitis B and C viruses are becoming the main causes of cirrhosis and primary liver carcinoma. Hepatitis C virus (HCV) accounts for approximately 20% of cases of acute hepatitis, 70% of chronic hepatitis, and 30% of end stage liver disease in the United States.[1] Today, injecting drug use and high risk sexual activity are the most frequently identified risk factors associated with HCV infection.[2] Likewise, in areas of high endemicity of hepatitis B virus (HBV), perinatal transmission is the main route of transmission, whereas in areas of low endemicity, sexual contact among high risk adults is predominant.[3]

Epidemiology of viral hepatitis is studied mostly in blood donors and patients; however, it is unknown whether donors represent the general population. The prevalence of viral hepatitis among children and adolescents is rarely investigated. However, in Italy the highest incidence of new hepatitis B cases (approximately 10 in 100 000) currently occurs in subjects between 15 and 24 years of age,[4] and in Russia young adults aged 15–29 account for 70–80% of acute viral hepatitis cases.[5]

The aim of the present study was to evaluate the occurrence of HBV and HCV markers among various population groups of Novosibirsk (western Siberia), Russia. Novosibirsk is the largest city in Siberia and the third one in Russia, with a population of approximately 1.4 million. The following groups of participants were examined in 1995–9:

- A random representative sample of adult population aged 25–64 years (161 males, 213 females).
- A random representative sample of school students aged 14–17 years (170 males, 226 females).
- Students of medical college aged 18–29 years (9 males, 94 females).
- Students of medical university (IV–VI grades) aged 17–31 years (40 males, 133 females).
- Blood donors (4552 people).

The study was approved by the local ethics committee, and each participant gave informed consent. HBsAg and anti-HCV antibodies were tested in serum samples using previously validated second generation ELISA kits ("Vector-Best," Novosibirsk, Russia).

The prevalence rates of viral hepatitis B and C markers among various population groups are shown in table 1. Prevalence of HBsAg and anti-HCV antibodies among general adult population was twice as high as in blood donors. Among schoolchildren, no difference was found between males and females. In adults, HCV was detected more frequently in males compared with females (8.2% and 3.3% respectively, $p < 0.05$). The association of both infections were found in 0.8% of adults, four times more frequently than in adolescents.

In the medical college students HBsAg was not detected, possibly because of the small number of people examined; HCV was found with the frequency similar to that in schoolchildren. On the other hand, in the medical university students, occurrence rates of hepatitis B and C markers were higher than in other groups.

In conclusion, seroprevalence of HBV in Novosibirsk is similar to that in central Russia; however, prevalence of HCV is higher that in the European part of Russia, especially among males.

Prevalence rates of viral hepatitis markers in the general population are 2–2.5 times higher than in blood donors. Blood donors could not serve as a basis for assessment of viral hepatitis prevalence in the community.

Medical students in last grades represent a risk group for the acquisition of the viral hepatitis infections.

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Table 1 Prevalence rates of HBsAg and anti-HCV antibodies among various population groups

Group	*No*	*Mean age (years) (SD)*	*M/F (%)*	*HBsAg (%)*	*HCV (%)*	*Both markers (%)*
School	423	15.5 (0.1)	43/57	2.1	2.6	0.2
Medical college	103	19.4 (0.1)	9/91	0	2.9	0
Medical university	173	21.4 (0.2)	23/77	3.5	6.4	0.6
Adults	374	42.0 (0.5)	43/57	2.4	5.3	0.8
Donors	4552	NA	66/34	1.1	2.1	NA

NA = data not available.

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Antimicrobial resistance among *Neisseria gonorrhoeae* isolates from Ulaanbaatar, Mongolia

EDITOR,—We read with interest "The antibiotic susceptibility of *Neisseria gonorrhoeae* isolated in Ulaanbaatar, Mongolia" by Lkhamsuren *et al*.[1] We also found high levels of resistance to penicillin, tetracycline, and ciprofloxacin. Of the 13 isolates which were successfully transported to our reference laboratory in Birmingham, Alabama, seven (54%) were PPNG, 3/13 (23%) were chromosomally resistant to penicillin, 2/13 (15.4%) were chromosomally resistant to tetracycline and 3/13 (23.1%) were resistant to ciprofloxacin with minimum inhibitory concentration (MICs) equal to 1.0 mcg/ml. However, we would like to clarify that although on site susceptibility testing in Ulaanbaatar using disk diffusion suggested resistance to ceftriaxone in some isolates,[2] this was not confirmed by MICs.[3] We agree with the authors that antibiotic resistance is a significant problem in Ulaanbaatar and that a surveillance system for antimicrobial resistance is needed.

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Accepted for publication 30 August 2001

Dangers of the sexual health strategy

EDITOR,—The long awaited strategy for sexual health[1] promulgates some shibboleths and proposes some targets, which may increase sexually transmitted diseases and associated suffering.

A statement such as: "Some genital wart infections are associated with cancer, as is Chlamydia" may contribute to the anxiety that constitutes much of the burden of morbidity which such mostly innocuous conditions often engender.[2 3] The proposed target to increase uptake of HIV testing in GUM clinics may increase HIV neurosis. Offering an HIV test on first screening may lead to false reassurance and increase the chance of undiagnosed HIV infection, since many patients attend within three months of sexual exposure. The unlinked anonymous HIV prevalence survey[4] has shown little change in the rate of undiagnosed HIV infection in heterosexuals attending GUM clinics between 1990 and 1999. The most recent (1999) rate in heterosexual men outside London is 0.09 %. Increasing the uptake of HIV tests to 60% by the end of 2007 may miss this tiny fraction; the total number of undiagnosed samples from heterosexual men outside London in 1999 was only 14. Efforts by increasingly stretched professionals in sexual health services to meet targets set by the strategy will result in less energy and time available for more appropriate approaches to the burden of sexually related morbidity.

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4 Unlinked anonymous prevalence monitoring programme annual report to end of 1999. http://www.phls.co.uk

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NOTICES

International Herpes Alliance and International Herpes Management Forum
The International Herpes Alliance has introduced a website (www.herpesalliance.org) from which can be downloaded patient information leaflets. Its sister organisation the International Herpes Management Forum (website: www.IHMF.org) has launched new guidelines on the management of herpesvirus infections in pregnancy at the 9th International Congress on Infectious Disease (ICID) in Buenos Aires.

Pan-American Health Organization, regional office of the World Health Organization
A catalogue of publications is available online (www.paho.org). The monthly journal of PAHO, the Pan American Journal of Public Health, is also available (subscriptions: pubsvc@tsp.sheridan.com).

41st St Andrew's Day Festival Symposium on Therapeutics, 6–7 December 2001, Royal College of Physicians of Edinburgh
Further details: Ms Eileen Strawn, Symposium Co-ordinator (tel: 0131 225 7324; fax: 0131 220 4393; email: e.strawn@rcpe.ac.uk; website: www.rcpe.ac.uk).

International Conference on HIV/AIDS 16–19 December 2001, Mumbai, India
Further details: Dr Chander P Puri, President, Indian Society for Study of Reproduction and Fertility, Institute for Reserach in Reproduction, Jehangir Merwanji Street, Parel, Mumbai 400012, India (tel: 4137730 (Direct), 4132111-2-6-7; fax: 091-022-4964853 *or* 091-022-4139412; email: vichin@
bom4.vsnl.net.in OR dirirr@vsnl.com).

Second International Conference on Sexual Health, to be held in Bangkok, Thailand on 23–28 February 2002
Further details: European Secretariat, Dr Richard Burack (tel: +44 (0) 20 8599 8029; email: siamcare@aol.com).

7th Congress of the European Society of Contraception, "Changing attitudes to contraception and reproductive health," Genoa, Italy, 10–13 April 2002
Further details: ESC Central Office, OrgaMed, Essenestraat 77, B-1740 Ternat, Belgium (tel: +32 2 582 08 52; fax: +32 2 582 55 15; email: orgamed@village.uunet.be).

MSSVD course in STIs and HIV, at the Institute for Materials, 1 Carlton House Terrace, London, Module 1, Epidemiology of STIs and Bacterial Infections, 22–25 April 2002
Further details: Sue Bird, MSSVD STIs and HIV Course Secretariat, PO Box 77, East Horsley, KT24 5YP (tel: 01372 454210).

MSSVD course in STIs and HIV, at the Institute for Materials, 1 Carlton House Terrace, London, Module 2, Sexual Health and Sexuality, 26 April 2002
Further details: Sue Bird, MSSVD STIs and HIV Course Secretariat, PO Box 77, East Horsley, KT24 5YP (tel: 01372 454210).

MSSVD course in STIs and HIV, at the Institute for Materials, 1 Carlton House Terrace, London, Module 3, Viral Infections other than HIV, 20–21 May 2002
Further details: Sue Bird, MSSVD STIs and HIV Course Secretariat, PO Box 77, East Horsley, KT24 5YP (tel: 01372 454210).

MSSVD course in STIs and HIV, at the Institute for Materials, 1 Carlton House Terrace, London, Module 4, HIV Infections, 22–24 May 2002
Further details: Sue Bird, MSSVD STIs and HIV Course Secretariat, PO Box 77, East Horsley, KT24 5YP (tel: 01372 454210).

10th International Symposium on Human Chlamydial Infection, 16–21 June 2002, in Antalya, Turkey
The scientific programme will encompass the breadth of chlamydial research from clinical and epidemiological studies to molecular and cell biology of all species of *Chlamydia*.
Further details: Professor A Demir Serter, Department of Clinical Microbiology and Infectious Diseases, Ege University, Faculty of Medicine, 35100 Bornova, Izmir, Turkey (fax: 90 232 343 71 30; email: ISHCIX@itsa.ucsf.edu).

10th International Congress on Behçet's Disease, Berlin 27–29 June 2002
Further details: Professor Ch Zouboulis (email: zoubbere@zedat.fu-berlin.de).

20th World Congress of Dermatology, Paris, 1–5 July 2002
Further details: P Fournier, Colloquium, 12 rue de la Croix St Faubin, 75011 Paris, France (tel: +331 44 64 15 15; fax: +33 1 44 64 15 16; email: p.fournier@colloquium.fr; website: www.derm-wcd-2002.com).

Correction
Barnett SD, Brundage JF. Incidence of recurrent diagnoses of *Chlamydia trachomatis* genital infections among male and female soldiers of the US army. *Sex Transm Inf* 2001;77:33–36.

On page 34 of the article, the authors state that reports of *C. Trachomatis* genital infections were confirmed with "Transcription Mediated Amplification" (Gen-Probe, San Diego, USA). For this study, cases were ascertained from notifiable medical event case reports from US military medical treatment facilities worldwide. The case reports did not document the specific tests that were used to confirm each diagnosis. The authors regret this error and any confusion it may have caused.